

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194647

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Cody Hand

Signature of Treasurer

Mr. Cody Hand

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">52449.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">52449.24</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9319.57</span>	<span style="border: 1px solid black; padding: 2px;">9319.57</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">61768.81</span>	<span style="border: 1px solid black; padding: 2px;">61768.81</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">61768.81</span>	<span style="border: 1px solid black; padding: 2px;">61768.81</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">9045.67</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

273.90

273.90

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

273.90

273.90

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

273.90

273.90

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

9045.67

9045.67

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

9045.67

9045.67

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9319.57

9319.57

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

273.90

273.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61700.00	61700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	68.81	68.81
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61768.81	61768.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61768.81	61768.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	273.90	273.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	273.90	273.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Amended to fix mathematical error created due to a double entry from mid year 2013 report, which has also been amended. Also adds Schedule D to reflect a debt owed to the committee by the escrow account. Will reflect as paid in Q2 of 2014. Form also includes one distribution not previously reported.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A. AHAPAC-American Hospital Association Federal PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2014 NC PAC Goal

011

Transaction ID : 21624168

Amount of Each Disbursement this Period

57900.00
----------

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

2014 NC PAC Goal

Full Name (Last, First, Middle Initial)

**B. AHAPAC-American Hospital Association Federal PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Void - AHAPAC-wrote check for wrong amount

011

Transaction ID : 21624169

Amount of Each Disbursement this Period

-57900.00
-----------

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Void - AHAPAC-wrote check for wrong amount

Full Name (Last, First, Middle Initial)

**C. AHAPAC-American Hospital Association Federal PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2014 NC PAC Goal

011

Transaction ID : 21624170

Amount of Each Disbursement this Period

59700.00
----------

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

2014 NC PAC Goal

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59700.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

North Carolina Hospital Association Political Action Committee - Federal



011

Category/  
Type

2000.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NC

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:

2000.00

61700.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 10

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

North Carolina Hospital Association Political Action Committee - Escrow

Nature of Debt (Purpose):

Disbursed to AHA PAC prior to full receipt from  
Escrow Account

Mailing Address PO BOX 4449

City State

Zip Code

Cary

NC

27519

Outstanding Balance Beginning This Period

0.00

Transaction ID : 21830978

Amount Incurred This Period

9045.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

9045.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

9045.67

2) **TOTALS** This Period (last page this line number only)..... ►

9045.67

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

9045.67

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 10 OF 10

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 North Carolina Hospital Association Political Action Committee - Federal

NAME OF ACCOUNT  
 NCHA (Administrative Expense)

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

TOTAL AMOUNT TRANSFERRED

9045.67

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

9045.67

Transaction ID : 21828688

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

9045.67

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

9045.67